

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-041466

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 369

FILED DEC 10 1962

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b years	c. CITY OR TOWN Kirksville Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Laughlin Hosp.		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 701 S. 6th St. Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JAMES Middle H. Last VAIL			4. DATE OF DEATH Month November Day 27 Year 1962
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married Widowed Divorced	8. DATE OF BIRTH 12/20/00
9. AGE (last birthday) 61		IF UNDER 1 YEAR Months 61	IF UNDER 24 HR Days 61 Hours 61 Min. 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) International Shoe		10b. KIND OF BUSINESS OR INDUSTRY Factory Employee Adair, Co., Mo.	
11. BIRTHPLACE (City and state or country) U S		12. CITIZEN OF WHAT COUNTRY U S	
13a. FATHER'S NAME James H. Vail		13b. MOTHER'S MAIDEN NAME Frances Allgire	
14. NAME OF HUSBAND OR WIFE Hazel Bowers Vail		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Hazel B. Vail, Kirksville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONTINUED INTRA-ABDOMINAL HEMORRHAGE AND SHOCK Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) WIDESPREAD INTRA-ABDOMINAL SARCOMA DUE TO (c) OF LIVER ORIGIN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rt. BRONCH BRANCH - CARDIAC DECOMPENSATION PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 9:17 a.m. 9:17 p.m. 9:17	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Maple Hill	
20f. CITY, TOWN, OR LOCATION Kirksville, Mo.		20g. COUNTY Adair	
20h. STATE Mo.		20i. DATE SIGNED 11-29-62	
21. I attended the deceased from JAN - 1961 to NOV 27 - 1962 and last saw him alive on NOV 27 - 1962 Death occurred at 9:17 m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE [Signature] (Deceased or title)	
22b. ADDRESS KIRKSVILLE, Mo.		22c. DATE SIGNED 11-29-62	
23a. BURIAL, CREMATION, REINTERMENT Burial		23b. DATE Nov. 29/62	
23c. NAME OF CEMETERY OR CREMATORY Maple Hill		23d. LOCATION (City, town, or county) Kirksville, Adair, Mo.	
24. FUNERAL DIRECTOR Foster Memorial Home, Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 12-1-1962	
26. REGISTRAR'S SIGNATURE [Signature]		26. REGISTRAR'S SIGNATURE [Signature]	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

No permit issued

Earl L. Auerhahn, Jr. D.O.

DEC 11 1962

DEC 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Nova E. Foster
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.